

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 528920

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10	1					
11						
12						
13						
14						
15						
16						
17						
18						
19						
20	1					
21	1					
22						
23						
24						
25	1					
26						
27						
28	1					
29	1					
30						
31						
32						
33						
34						
35	1					
36						
37						
38	1					
39						
40						
41	1					
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	10	↓		↓		↓
TOTAL DEP.	34	←		←		←
TOTAL CLAIMS	44	⬇		⬇		⬇

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS		⬇		⬇		⬇